

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

11993

1583

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>Unknown</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gen. Hospital #2</b>				e. STREET ADDRESS (If rural, give location) <b>2406 Tracy Avenue</b>			
3. NAME OF DECEASED (Type or Print) <b>John</b>		a. (First)		b. (Middle) <b>Davis</b>		c. (Last) <b>Carter</b>	
4. DATE OF DEATH <b>Apr. 5, 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>	
8. DATE OF BIRTH <b>Nov. 15, 1924</b>		9. AGE (In years last birthday) <b>29</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cafe</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pensacola, Fla. /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Carral Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Isabella Jackson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>267-28-0453</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Isabella Jackson</b>		ADDRESS <b>1115 Brooklyn</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				MEDICAL CERTIFICATION  <b>7955</b>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23. SIGNATURE (Degree or title) <b>Deputy Coroner L.M. Tillman</b>	
23b. ADDRESS <b>1618 E. 4th Ave</b>		23c. DATE SIGNED <b>4/7/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/7/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>		24d. LOCATION (City, town, or county) (State) <b>Pottsville, Alabama</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>West, Appleton &amp; Jones, Inc.</b>		ADDRESS <b>1905 Vine</b>	
DATE REC'D BY LOCAL REG. <b>4-8-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		26. (Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Conrad A. Gandy* .....

Licensed Embalmer No. 4

P. O. Address 1905 Y

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.